

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 598091

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		0		1			55						
6		0		1			56						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1										
TOTAL DEP.	7		5										
TOTAL CLAIMS	8		6										